



Michigan Department of Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
7150 Harris Drive, P.O. Box 30005  
Lansing, Michigan 48909-7505

## SUMMARY OF FINANCES STATEMENT

[Authorized by R 436.1105]

### FOR MLCC USE ONLY

Request ID # \_\_\_\_\_

Business ID # \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

**SOURCE OF FUNDS:** Indicate which of the following is applicable by noting the appropriate amounts in the spaces provided; completing the necessary information requested; and attaching the required documents. Verification is not complete without the required attachments.

<u>AMOUNT</u>	<u>SOURCE OF FUNDS</u>	<u>DOCUMENTS REQUIRED TO BE SUBMITTED WITH APPLICATION:</u>
\$ _____	Loans or Lines of Credit from Financial Institutions	<u>If already received:</u> Executed copy of Mortgage or Loan Agreement, Promissory Note(s), Security Agreement, Exhibits.  <u>If not received yet:</u> Statement of Money (LC-3008) with Letter of Commitment (if available)
\$ _____	Loans from third parties or individuals	<u>If already received:</u> Executed copy of Promissory Note, Mortgage, Security Agreements, Exhibits and Affidavit of Source of Funds  <u>If not received yet:</u> Statement of Money (LC-3008)
\$ _____	Personal funds of applicant accumulated at a financial institution	Complete "financial institution" information on Page 2 and submit letter from you financial institution verifying that information
\$ _____	Corporate funds accumulated at a financial institution	Enter previous 2 years annual gross sales: 20____: \$ _____ 20____: \$ _____ Complete "financial institution" information on Page 2 and submit letter from you financial institution verifying that information
\$ _____	Other	Attach affidavit.
\$ _____	<b><u>TOTAL FUNDS</u></b>	

## FINANCIAL INSTITUTION INFORMATION

Name of financial institution: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____	
Account Balance: \$ _____	Date: _____
Name(s) on account: _____	
_____	
Were any checks used from subject account? <input type="checkbox"/> Yes    Check number: _____ <input type="checkbox"/> No	
Funds in account were derived from: _____	
_____	
_____	

Name of financial institution: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____	
Account Balance: \$ _____	Date: _____
Name(s) on account: _____	
_____	
Were any checks used from subject account? <input type="checkbox"/> Yes    Check number: _____ <input type="checkbox"/> No	
Funds in account were derived from: _____	
_____	
_____	

THIS FORM ALONE DOES NOT CONSTITUTE FINANCIAL VERIFICATION. ATTACHMENTS ARE REQUIRED AND, IF COMMISSION APPROVAL IS OBTAINED, VERIFICATION OF RECEIPT OF THESE FUNDS MAY BE REQUIRED.

**WARNING:** Section 1003 of the Liquor Control Code of 1998, MCL 436.2003, provides that "A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in Section 909.

**I understand that false or fraudulent statements may be grounds for denial of this application or revocation of the permit issued.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THIS "SUMMARY OF FINANCES STATEMENT" IS NOT RELEASABLE UNDER THE FREEDOM OF INFORMATION ACT (FOIA) PURSUANT TO MCL 15.243, Sub (1) (a).